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omplete and send this form, together with applicable fee(s), to: Mail

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NOV 1 2 2004

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08/12/2004

Wood Phillips Van Santen Clark & Mortimer 500 West Madison Street Suite 3800 Chicago, IL 60661

11/15/2004 MMEKONE1 00000040 09672429

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| Karen Sanderson (Dep | n Sanderson (Depositor's name) |  |  |
|----------------------|--------------------------------|--|--|
| Karen Sandlison      | (Signature)                    |  |  |
| November 9, 2004     | (Date)                         |  |  |
|                      |                                |  |  |

|   | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| • | 09/672,429      | 09/28/2000  | Werner Zobel         | 655.00931           | 8171             |

TITLE OF INVENTION: COOLING SYSTEM, ESPECIALLY FOR A VEHICLE

| APPLN. TYPE   | SMALL ENTITY  | ISSUE F                      | EE   | PUB  | LICATION FEE       | TOTA           | L FEE(S) DUE              | DATE DUE             |  |
|---|---|------------------------------|--|--|--------------------|----------------|---------------------------|----------------------|--|
| nonprovisional  | NO  | \$ <del>1330</del><br>#1,370 |  |  | \$0                |                | \$1330 1 <sub>1</sub> 370 | 11/12/2004           |  |
| EXAMINER<br>FORD, JOHN K  |   | ART UN                       | ART UNIT   |  | CLASS-SUBCLASS     |                |                           |                      |  |
|   |   | 3753                         |  | 165-041000   |                    |                |                           |                      |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO |   |                              | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  ON THE PATENT (print or type)  nee data will appear on the patent. If an assignce is identified below, the document has been forms. |  |                    |                |                           |                      |  |
| (A) NAME OF ASSIGN  |   | `                            | ,  | Ì  | and STATE OF       | R COUNTRY)     |                           |                      |  |
|   | acturing Compan   |                              |  |  | consin  individual | ☑ corporation  | or other private gr       | oup entity 🚨 governm |  |
| 4a. The following fee(s) are  | e enclosed:   | 41                           | o. Payment of  | Fee(s):  |                    |                |                           |                      |  |
| ☑ Issue Fee   |   |                              | A check in the amount of the fee(s) is enclosed.   |  |                    |                |                           |                      |  |
| D Publication Fee (No s   | Publication Fee (No small entity discount permitted)  |                              |  | ☐ Payment by credit card. Form PTO-2038 is attached. |                    |                |                           |                      |  |
| ☑ Advance Order - # of  | f Copies 3  |                              | If the Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 23-0785 (enclose an extra copy of this form).   |  |                    |                |                           |                      |  |
| 5. Change in Entity Statu   | s (from status indicated above  | :)                           |  |  |                    |                |                           |                      |  |
| a. Applicant claims S   | MALL ENTITY status. See 3   | 7 CFR 1.27.                  | 🗅 b. Applic  | ant is not c   | laiming SMAL       | L ENTITY state | is. See, e.g., 37 CFF     | R 1.27(g)(2).        |  |
|   | o is requested to apply the lss<br>Publication Fee (if required) vords of the United States Pat |                              | •  | • /  |                    |                |                           |                      |  |

| (Authorized Signature) | M   |  |
|------------------------|-----|--|
|                        | /// |  |

(Date)

11-9-04

Jeffery N. Fairchild, Reg. No. 37,825

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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